

Affix Patient I.D. Here

COMPLETE THIS FORM IF THE PATIENT IS LOST TO FOLLOWUP OR WILL NO
LONGER CONTINUE PARTICIPATION IN THE STUDY

1 Date of last CAST contact DATE25
// _/_/ _/_
mo dy yr

REASON FOR PATIENT WITHDRAWAL

- 2 ☐ 1 Patient is lost to followup
☐ 2 Patient has moved away
REASON25 ☐ 3 Patient refuses to continue
☐ 4 Physician refuses to continue patient in study
☐ 5 Other

specify: _____

CIRCUMSTANCES

3 _____

Name of person filling out form_/_/_
Code Number

WITHDRAW
CAST 25.01
5/22/87
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